

**UTILITY PATENT APPLICATION  
TRANSMITTAL UNDER 37 CFR 1.53(b)**
**ATTORNEY DOCKET 86373SLP  
Customer No. 01333**
**To:** Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

**Express Mail Label No.**
**EV293532512US**
**Date:** December 12, 2003
**INTRAORAL RADIOGRAPHIC DENTAL X-RAY  
PACKETS HAVING NON-LEAD RADIATION  
SHIELDING**
**First Named Inventor (or Application Identifier):**
**Michael R. McGovern, et al**

22141 U.S. PTO  
10/734861

**Enclosed are:**

- |   |  |
|---|--|
| 1. <input checked="" type="checkbox"/> Specification  | 6. <input checked="" type="checkbox"/> Assignment of the invention to Eastman Kodak Company  |
| 2. <input type="checkbox"/> Sheet(s) of drawing(s)  | 7. <input type="checkbox"/> Certified copy of a priority   |
| 3. <input checked="" type="checkbox"/> Information Disclosure Statement Under 37 CFR 1.97.  | 8. <input type="checkbox"/> Associate Power of Attorney  |
| 4. Combined Declaration for Patent Application and Power of Attorney:   |  |
| 4a. <input checked="" type="checkbox"/> New   |  |
| 4b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)  |  |
| 5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | 9. <input type="checkbox"/> Deletion of Inventor(s). Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:  
--CROSS REFERENCE TO RELATED APPLICATION  
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

**If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. :  
12. ☒ Please address all written communications to Pamela R. Crocker, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.  
Please Direct all telephone calls to Susan L. Parulski at 585-477-4027.

**The filing fee has been calculated as shown below:**

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 770
TOTAL CLAIMS	6 - 20 =	-14	x 18 =	\$ 0
INDEPENDENT CLAIMS	1 - 3 =	-2	x 86 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 290	\$ 0
			<b>TOTAL</b>	<b>\$ 770</b>

- ☒ Please charge my Eastman Kodak Company Deposit Account No. **05-0225** in the amount of **\$ 770**  
**A duplicate copy of this sheet is enclosed**  
☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. **05-0225**.  
**A duplicate copy of this sheet is enclosed.**

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